



<b>CLAIMS ONLY</b>							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		#	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						51		
2	(						52		
3	/						53		
4	/						54		
5	/						55		
6	/						56		
7	/						57		
8	/						58		
9	/						59		
10	/						60		
11							61		
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39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	10		↓			↓			
TOTAL DEP.		↔		↔		↔			
TOTAL CLAIMS	10								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS